

REQUEST TO APPEAR BEFORE
THE DURHAM CITY COUNCIL
AT THE WORK SESSION

Date: 2, 9, 12

Council Work Session Meeting Date: 2, 23, 12

Name: RALPH M. MCKINNEY JR

Address: 3104 WINSTON

Email address: H.E.L.P. ESTABLISH LEADERSHIP

Phone number 919 471-6696 Fax number: _____

Organization Represented (if any): H.E.L.P. ESTABLISH

Topic: Statement of presentation you wish to make and statement of action you wish

Council to take. Attach additional sheets if necessary.

PLEASE
LEADERSHIP
PUSH

HELP PW FAMILIES
BACK TOGETHER THAT
"PUBLIC POLICY = DESTROYING
FOR THEIR SAFETY &
WELL BEING

Signature Ralph McKinney Jr

This form must be returned to the Agenda Coordinator by **Monday at 5:00 pm** ten days prior to the City Council Work Session meeting at which you wish to speak. Once this form is submitted, no further reminder will be given. Citizens may call the Agenda Coordinator's Office at 560-4222 to confirm receipt of this form.

Please send this form to: Agenda Coordinator
City Manager's Office
101 City Hall Plaza
Durham, North Carolina 27701
Fax # (919) 560-4949